

**SOCIAL INTEGRATION: A PEDAGOGICAL APPROACH TO  
DISABILITY GENERALISATION OF INSTITUTIONALISED  
CHILDREN WITH MENTAL CHALLENGES**

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**Abstract**

The paper utilised a Pedagogical Approach to exhume the implications of disability Generalisation among Institutionalised children with mental challenges. Every type of disability is as unique as each man's thumb print. However, all disabilities associated with mental challenges are generalised as one condition. Disability generalisation had brought many costs that infringes the proper provision of child welfare and full realisation of child rights of Institutionalised children with mental challenges. This paper had a close extrospection on these costs and provided some recommendations.

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***Keywords:***

Social integration

Pedagogical approach

Disability generalisation

Institutionalised children

Mental challenges.

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## INTRODUCTION

Mental challenges among children have become a global issue (Kerker et al, 2004). It is regarded in many dimensions as a disability issue, public health issue, child welfare issue and a development issue as well. Mental challenges had gained interest of many international organisations like world Psychiatry Association (WPA), United Nations International Children's Emergency Fund (UNICEF), World Federation of Mental Health (WFMH), World Health Organisation (WHO), United Nations Educational Scientific and Cultural Organisation (UNESCO) and the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP). These organisations are coming from mental health perspective, education perspective and child rights and welfare perspective. Most of them use the United Nation Convention on the Rights of Children, some regional and domestic mental health, children and disability related laws to promote and advocate for the rights and welfare of children with mental challenges. However, the Disability Rights International discovered that regardless of all the efforts, the welfare of children with mental disabilities leaves a lot to be desired (Larrson, 2016). This is mainly caused by disability generalisation within the institutions and in the societies.

Children with mental challenges are usually faced with a myriad of difficulties in their institutions (Ranganathan, 2008). Many countries have adopted the medical model of disability which regards mental challenges among children as a medical issue that needs medical attention and rehabilitation. As a result a lot of children with mental challenges are separated from their families and institutionalised for rehabilitation. This had also called for special schools designed for children with mental challenges. However, the major challenge is disability generalisation. Mental challenge is a coat of many colors with a variety of mental differences or conditions. For example the condition of a child with autism is different from the condition of a child with Down syndrome. Differences in conditions also means differences in needs and levels of understanding abstracts and conception, interactions and displays of behavior. These children are sometimes institutionalised without medical diagnosis based on observations only. This creates many problems in the institutions when generalised interventions which are not well informed with the diversity of mental challenges are used to help the children. According to Kataoka et al (2002) in some countries especially in the developing countries when children display some mental

challenges they are labelled and given names by the society. This is because mental challenges have been given no place in the society but they are associated with many dirt, evil and negative perceptions. In this regard anyone behaving in a certain way that is not considered to be within the normal functioning range is relocated to special care institutions. In some cases the idea of institutionalisation maybe good but as long as there is generalisation of the mental challenges it will a wrong prescription. The best way of practice should be characterised by thorough medical diagnosis and keeping the medical records of the child before institutionalisation. At the institution individual based approaches should be used as intervention strategies to take into account the uniqueness of every condition and the needed help and resources. This paper sought to unleash the negative effects of disability generalisation among institutionalised children with mental challenges. The paper also used social integration as a pedagogical approach to give solution and recommendations towards the good welfare of institutionalised children with mental challenges.

## **1. WHAT IS SOCIAL INTEGRATION**

It is through disability generalisation that in most society everyone with a mental challenge is send to institutions. Although this institutions are part of the social institutions there is an element of social disintegration where children with mental challenges are separated from their families and community. Therefore social integration is the answer to this cause. Social integration is mainly concerned with bringing together various groups of people in the society regardless of language, sex, ability, race, ethnicity religion or any other forms of identity. According to Elukin (2007) social integration refers to a situation where minority groups that are socially excluded are incorporated into the mainstream society. In a broader perspective, social integration is a dynamic and well-structured process whereby members of the society come together to achieve and maintain good social relations. Social integration is not forced assimilation but it focusses on the need to achieve stable, safe, just and inclusive society (Welch et al, 2008). It is well designed to mend the undesirable conditions of social disintegration, social exclusion, social fragmentation and polarisation. According to Durkheim (1974) society is the collective conscious of people which means our way of thinking, feeling and behaving are influenced by the society in a major way. Based on this argument the society remains a cohesive whole and avoid conflicts through social integration. Haralambos and Holborn (2013) alluded

that every society has shared norms, values, beliefs, languages and culture. In this regard social integration cements relationships, contributes to a closer social distance between groups and embraces social order and oneness in the society.

From the above definitions it can be deduced that social integration is the best way to respond to the problems caused by disability generalisation among institutionalised children with mental challenges. Social integration is rooted from the functionalism theory which views society as a whole with interdependent individuals, institutions and organisation that function collectively towards its survival. Accordingly, social integration considers the relevance and the social contribution of children with mental challenges towards the survival and continuous function of the society. The social integration of institutionalised children with mental challenges is a mechanism to unlock their potentials and to incorporate them within the systems of the society to promote social efficiency. The major reason why disability generalisation exacerbated the social exclusion of institutionalised children with mental challenges is that they are perceived valueless within the society. They are rejected, dumb and equated to nothing. However from the social integration perspective every individual is important and has a unique role to play towards the functioning of the society. There is nothing valueless in the society hence social integration is geared to change the mind-set of the members of the societies to incorporate everyone and find the best out of them to benefit the society. Giddens and Sutton (2010) stated that individuals in the society do not live in a vacuum but the social interactions and functions of the society influence them. In this regard everything that affect institutionalised children with mental challenges also affect everyone in the society in some way. Therefore, social integration is the best therapy to treat social ailments which are imposed to these children by disability generalisation. This social correction through social integration among institutionalised children with mental challenges will have a positive trickle-down effect that will benefit everyone in the society.

## **2.     DISABILITY GENERALISATION AND INSTITUTIONALISED CHILDREN WITH MENTAL CHALLENGES**

Disability is very broad and diverse. This calls for a need for an in-depth study and a deep understanding of particular types of disability to come up with suitable interventions. There is a

razor blade thin line difference between various types of mental challenges and this had created confusion and misconceptions that led to disability generalisation. The failure to differentiate disabilities and the emergence of disability generalisation had resulted in the far reaching negative implications among institutionalised children with mental challenges.

### **3.1 Reasons of Disability Generalisation**

It is very difficult to know why people generalise disabilities especially among persons with mental challenges. However, there are two major causes of disability generalisation which are lack of knowledge and negative attitudes. There is a serious lack of knowledge about disabilities in the modern society. Due to new advanced technologies the world is changing very fast especially in the field of information technology (Morris, 2013). Social media, online information sites and other electronic resources are making it easier to access various types of information across the globe. As a result of disability movement and evolution many researches and scholars had developed interest in disability studies. Good researches are conducted across all forms of disabilities. However the distribution of disability related information is still lagging behind. Regardless of the availability of the information its distribution is not efficient. Most of the information is accessed by academics and those with interests in the disability discourse only. Many people at the grassroots level are still lacking enough knowledge about disability in general. A lot of societies are left unaware about disability issues especially mental challenges. World Health Organisation (2002) suggested that lack of information and knowledge influence the perception of these societies on disability issues. When there is lack of information societies stick to their old ways of perceiving disability and its causes. The information and knowledge gap had contributed to the generalisation of disabilities. Without proper knowledge and information many societies cannot differentiate disabilities. Confusions and misconceptions that come through lack of knowledge made it difficult for many societies to particularise disabilities. Therefore, lack of information marked the upsurge of disability generalisation.

Another cause of disability generalisation is negative attitude towards disability. In this case the society may have all the information about disability but their negative attitude leads to disability generalisation. Societies have different beliefs about disability and their desire to avoid everything associated with evil deeds and curses has affected their attitudes towards disability.

Drawing from the religious model of disability, persons with disabilities are erroneously associated with evil (Clapton, 1996). These mere misconceptions have contributed to negative attitudes which are at the core of disability generalisation. The best example is the case in which some of the religious leaders indicate that disability especially mental challenges are caused by demons, evil and avenging spirits. From this religious perspective some religious practices (not all) generalise mental challenges as spirits and pain inducement is the only means of exorcising them. Regrettably the inaccurate generalisation of disability affects the lives of institutionalised children with mental challenges. In most cases they grew up seeing themselves and accepting their fate as inferior and a burden to their families and societies at large. Thus the inaccurate cultural values on disability as presented by the culture to which one belongs dominate the attitude and understanding of disability. It is on the basis of these attitudes that disability is generalised whether sensory, physical, cognitive, intellectual or a combination of these. Negative attitudes on disability relegate institutionalised children with mental challenges to the background of the largest oppressed minority confined in isolated institutions. Attitudinal barriers combined with stigma begot inaccurate presentation of disability which critically affect the interrelationships that should exist between persons with disabilities and their counterparts who are considered functioning within the normal range. According to Miles (1995) researches showed that attitudes determine on what issues the societies should spend much time on. Everything that the society give positive attitude gets more time and attention to be understood. Accordingly negative attitudes had limited and diverted the time given to understand disability issues. Little focus and less attention to disability issues due to negative attitudes of the societies gives birth to lack of acknowledgement of the disability diversity which then pave the way to the emergence of disability generalisation.

### **3.2 Negative Implications of Disability Generalisation**

It is very easy to generalise disability but the effects of disability generalisation are far reaching. Persons with disabilities know best what they need and how they need it but in most cases they are not consulted due to disability generalisation. In some cases disability is generalised and someone's need is inadvertently forced on another person. The concept of disability generalisation had brought some negative implications on the living conditions of Institutionalised children with mental challenges. Some of these negative effects include

misconception, wrong intervention and unlocked potentials among Institutionalised children with mental challenges.

**Misconceptions:** - There are many misconceptions about mental challenges that were created by disability generalisation. Usually when people do not have enough information about any phenomenon misconceptions come in. Same applies in the realm of mental challenges. Disability generalisation had blocked further inquiries to have specific facts about various conditions of mental challenges. As a result many people are just based on misconception and assumptions about mental challenges. Studies carried by Samarasekare (2012) in Sri Lanka showed that community members socially exclude people with mental challenges. The main reason is that there is a serious misconception that persons with mental challenges are violent and unfriendly. Some people in the society are even scared of persons with mental challenges this is the reason why most of the children and even adults with mental challenges are send or abandoned in some institutions in the name of rehabilitation. The study in Sri Lanka revealed that the society treat all persons with mental challenges badly and sometimes teasing, making jokes and attacking them. This is common in many countries across the world. Due to disability generalisation there is misconception that all children with mental challenges are violent but that is not the case. The reality is that it depends with the condition and some of them are very social and they can interact well with others. The violent misconception had ruined the welfare of children with mental challenges especially those in the institutions where they spend most of the times confined and not given chance to interact with the outside world. Another study carried by Gyeke et al (2013) in Ghana validated that disability generalisation leads to misconceptions about children with mental challenges. In Ghana disability generalisation brought some misconceptions that persons with mental challenges are incapable of anything except eating. The inaccurate presentation of the capability of institutionalised children with mental challenges had caused some variations in the way they are treated. Resultantly, this demonstrates a history that shows ignorance, neglect and misconception. In this context disability generalisation based misconceptions are significant in determining the extent to which the personal, psychological, physiological, educational, social and economic needs of institutionalised children with mental challenges are realised. In reality when given opportunities institutionalised children with mental



challenges have inherent capacities to do something beneficial to the society. All what they need is exposure and time to explore their needs and ways of working together with them.

***Wrong intervention strategies:*** - Disability generalisation is a stumbling block to proper intervention strategies. To come up with a comprehensive intervention strategy there is need of a deep understanding of the phenomenon at hand. In this regard incorrect understanding of any social phenomenon results in wrong intervention strategies that cannot achieve the desired results. To have effective interventions, institutionalised children with mental challenges should be at the center and be involved. This helps to probe further their needs, aspirations and to find the best way to improve their welfare. However, in this case disability generalisation is an enemy to the inclusion and consultation of institutionalised children with mental challenges on critical issues that affect them. As a result many individuals and organisations working with these children use intervention strategies that are based on assumptions. Most of these interventions are wrong and they fail to achieve results because they lack empirical knowledge and behavioral insights on the mental challenges fraternity. According to Remschmidt and Belfer (2005) persons with mental challenges' right to choice have been breached and there is no self-determinism in most of the initiatives that are targeting them. Due to disability generalisation there is a misconception that the state of their mental health cannot allow them to make better choices. Based on this misconception service providers and care givers make choices on their behalf. Almost everything is just imposed on institutionalised children with mental challenges without consent or confirmation from them because they are regarded as a special group that should receive crisis interventions. This had created many problems because the needs, desires, feelings and freedom of these children are not fully considered in the planning, implementation and termination stages of various interventions that are targeting them. Since failing to plan is planning to fail many intervention strategies are not successful. Wrong interventions that are caused by disability generalisation means that sometimes wrong resources and assistance are channeled to the wrong person at a wrong time. This creates a situation where a certain type of intervention benefits some children at the expense of others because generalisation of disability also means generalisation of resources allocations and intervention strategies. In other words whenever the diversity of disability is not considered wrong intervention strategies will always occur and the end result is a dismal failure.



**Social Exclusion:** -Drawing from the social exclusion theory, social exclusion refers to the dynamic process of being fully or partially shut out from any social, economic, cultural or political system which determines the social integration of a person in a society. It is the relegation of the disadvantaged groups to the fringe of the society. Bailey et al (2018) attested that social exclusion is not an event but a process in which individuals or groups of people are systematically blocked from or denied full access to various rights, opportunities and resources that are available in the society which are fundamental to social integration. Disability generalisation is a key aspect of social exclusion. The generalisation of disability leads to social exclusion which exacerbates suffering of institutionalised children with mental challenges. These children are marginalised, alienated, outcasted and downgraded and equated to as non-existent species. Normally social exclusion is associated with stigma and discrimination, lack of participation, inequality and inaccessibility of social services (Axford, 2008). Institutionalised children with mental challenges are usually prevented from participating fully in the economic and social issues of the societies that they live because they are generalised as anti-social and incapable. Their social exclusion bears some further negative effects like stigma and discrimination as the down trodden and burdens that hold the development of their respective societies. Denied equal opportunities in accessing some social services like quality education and adequate health services are also among the after effects associated with disability generalisation based social exclusion. If only the diversity of disability have been appreciated the relevance and importance of institutionalised children with mental challenges could have been realised so as to be included and integrated into the societies. Unfortunately disability generalisation had planted undesirable myths in all streams of the societies hence their social exclusion is inevitable without a pedagogical approach like social integration.

**Locked Potentials:** -Naturally every human being have an inherent capacity to do something that can benefit the society what only differs are the levels. Given all the necessary support and conducive environments individuals have unimaginable capacities regardless of their conditions to transform their societies in to better places to live. However, disability generalisation thwarts the process of unlocking the potential of institutionalised children with mental challenges. Disability generalisation is the source of attitudes which can incapacitate institutionalised children with mental challenges and impose artificial limitations upon them. This locks their

potential for personal development. The generalised concept of being violent had led to the confinement of these children in their institutions, closed at home and sometimes with their hands tied. With these types of treatment children with mental challenges are demoted to the background to be pitted. Their potentials are always locked and their capabilities are dissolved. Whilst other children are developed and given opportunities to showcase their skills and talents it is the opposite with institutionalised children with mental challenges. Only a few well-wishers want to invest in them because they are considered as not psychologically fit to come up with innovative changes. However, institutionalised children with mental challenges have many talents and skills like arts and craft, soft engineering and many more. Even at a global level there are various renowned entrepreneurs with autism and other mental challenges who invented some prominent soft wares and other forms of technologies that are popular and contributing to global development. This is a clear evidence that if the barriers created by disability generalisation are broken the potentials of institutionalised children with mental differences can be lights that beam beyond the frontiers of this world.

### **3. WHY A PEDAGOGICAL APPROACH**

Pedagogical approach involves principles and methods of education used in teaching or in the process of conveying any message and information to the targeted audience (Freire, 1993). According to Goodyear (2014) pedagogical approach can be subdivided into pedagogical philosophy (describing beliefs about the way people learn) and high level pedagogy (describing the relationship between philosophy and actions). Naturally people think, behave and believe in a certain way through learning. They also stop, thinking, behaving and believe in a certain way through learning. Humans do or stop doing something after learning. This shows the importance of a continuous existence of learners and instructors in the society. Without pedagogies the society will wither in the heat of information deficiency and lack of knowledge. Therefore pedagogical approach is a way of conveying new discoveries and changes through the process of learning and teaching. In many instances education and learning are used as mechanisms for social promotion. To have sustainable solutions on every problem caused by generalisation and lack of information a pedagogical approach of intervention is needed. In this regard Social integration is a comprehensive pedagogical approach to deal with disability generalisation of institutionalised children with mental challenges. Social integration as a pedagogical approach

brings all the individuals and groups in the society together and facilitate collective learning. It brings a fragmented and dismantled society together and give room for everyone to correct misconceptions caused by generalisation. Social integration has a pedagogical characteristic that makes it the best answer to disability generalisation to emancipate institutionalised children with mental challenges.

#### **4. CONCLUSION**

Disability generalisation is real and has caused many challenges among institutionalised children with mental challenges. In most cases disability generalisation is considered trivial but it has far reaching negative results. Despite the continuous transformation of society coupled with disability evolution, the generalisation of disabilities especially mental challenges is still rampant in the modern societies. This is mainly caused by inefficient distribution of disability related information and negative attitudes towards children with mental challenges. Disability generalisation as a social construct is among the barriers that are hindering the full realisation of the potentials of institutionalised children with mental challenges because they are perceived as valueless. It is also exacerbating the social exclusion of these children where they are relegated to the background or fringes of the societies. Social integration is the best pedagogical approach that can bring solutions to specify or particularise disability to improve the welfare of institutionalised children with mental challenges. It promotes information sharing and awareness about mental challenges to eradicate lack of knowledge as the main cause of disability generalisation.

#### **5. RECOMMENDATIONS**

- Social integration should be prioritised as a pedagogical approach to deal with disability generalisation to create environments that improve the living standards of institutionalised children with mental challenges.
- Societies need to consider the diversity of disability and understand the uniqueness of each type of disability especially among the mental challenges to promote correct intervention strategies that produce desired results.

- Institutionalised children should be at the forefront through involving and consulting them on issues that affect them to have some insights and empirical information that ensure proper allocation of resources and services to the right person at the right time.
- There is need of intensive awareness programmes to promote deep understanding of mental challenges to perceive children with mental challenges differently not as violent and incapable.

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